

## Personal Medical History

This survey asks questions about your personal medical history. This is to better understand how it may affect health.

To ensure your privacy, your name will be separated from your answers before they are shared with researchers.

It will take about 10-15 minutes to answer these questions. Please answer each question as honestly as possible. Some of the questions may be sensitive. You can choose not to answer. There are no right or wrong answers to any of the questions. It is important that you answer as many questions as you can. We are looking for your own answers, not what you think your doctors, family, or friends want you to say.

Do not feel like you have to spend a long time on each question. The first answer that comes to you is usually the best one. If you are not sure how to answer a question, choose the best answer from the options given. If you are unsure of what a condition is, hover over the ‘i’ icon to its right for more information.

- **Heart and blood conditions:** Has a doctor or health care provider ever told you that you have...? (select all that apply)
  - Anemia
  - Atrial fibrillation (Afib) or Atrial flutter
  - Bleeding disorder
  - Congestive heart failure
  - Coronary artery/coronary heart disease
  - Heart attack
  - Heart valve disease
  - High cholesterol
  - Hypertension (high blood pressure)
  - Peripheral vascular disease
  - Pulmonary embolism or deep vein thrombosis
  - Sickle cell disease
  - Stroke
  - Transient ischemic attacks (TIAs or mini-strokes)
  - Other heart or blood condition
  - I have no heart or blood condition

**Branching logic:** If any of the above conditions are selected, display the following associated questions-

- Anemia:
  - Are you still seeing a doctor or health care provider for this condition? Yes/No
  - About how old were you when you were first told you had this condition?
    - Child (0-11)
    - Adolescent (12-17)
    - Adult (18-64)

- Older adult (65-74)
  - Elderly (75+)
  - Are you currently prescribed medications and/or receiving treatment for this condition?  
Yes/No
- Atrial fibrillation (Afib) or Atrial flutter:
  - Are you still seeing a doctor or health care provider for this condition? Yes/No
  - About how old were you when you were first told you had this condition?
    - Child (0-11)
    - Adolescent (12-17)
    - Adult (18-64)
    - Older adult (65-74)
    - Elderly (75+)
  - Are you currently prescribed medications and/or receiving treatment for this condition?  
Yes/No
- Bleeding disorder:
  - Are you still seeing a doctor or health care provider for this condition? Yes/No
  - About how old were you when you were first told you had this condition?
    - Child (0-11)
    - Adolescent (12-17)
    - Adult (18-64)
    - Older adult (65-74)
    - Elderly (75+)
  - Are you currently prescribed medications and/or receiving treatment for this condition?  
Yes/No
- Congestive heart failure:
  - Are you still seeing a doctor or health care provider for this condition? Yes/No
  - About how old were you when you were first told you had this condition?
    - Child (0-11)
    - Adolescent (12-17)
    - Adult (18-64)
    - Older adult (65-74)
    - Elderly (75+)
  - Are you currently prescribed medications and/or receiving treatment for this condition?  
Yes/No
- Coronary artery/coronary heart disease:
  - Are you still seeing a doctor or health care provider for this condition? Yes/No
  - About how old were you when you were first told you had this condition?
    - Child (0-11)
    - Adolescent (12-17)
    - Adult (18-64)
    - Older adult (65-74)
    - Elderly (75+)

- Are you currently prescribed medications and/or receiving treatment for this condition?  
Yes/No
- Heart attack:
  - Are you still seeing a doctor or health care provider for this condition? Yes/No
  - About how old were you when you were first told you had this condition?
    - Child (0-11)
    - Adolescent (12-17)
    - Adult (18-64)
    - Older adult (65-74)
    - Elderly (75+)
  - Are you currently prescribed medications and/or receiving treatment for this condition?  
Yes/No
- Heart valve disease:
  - Are you still seeing a doctor or health care provider for this condition? Yes/No
  - About how old were you when you were first told you had this condition?
    - Child (0-11)
    - Adolescent (12-17)
    - Adult (18-64)
    - Older adult (65-74)
    - Elderly (75+)
  - Are you currently prescribed medications and/or receiving treatment for this condition?  
Yes/No
- High cholesterol:
  - Are you still seeing a doctor or health care provider for this condition? Yes/No
  - About how old were you when you were first told you had this condition?
    - Child (0-11)
    - Adolescent (12-17)
    - Adult (18-64)
    - Older adult (65-74)
    - Elderly (75+)
  - Are you currently prescribed medications and/or receiving treatment for this condition?  
Yes/No
- Hypertension (high blood pressure):
  - Are you still seeing a doctor or health care provider for this condition? Yes/No
  - About how old were you when you were first told you had this condition?
    - Child (0-11)
    - Adolescent (12-17)
    - Adult (18-64)
    - Older adult (65-74)
    - Elderly (75+)
  - Are you currently prescribed medications and/or receiving treatment for this condition?  
Yes/No
- Peripheral vascular disease:

- Are you still seeing a doctor or health care provider for this condition? Yes/No
- About how old were you when you were first told you had this condition?
  - Child (0-11)
  - Adolescent (12-17)
  - Adult (18-64)
  - Older adult (65-74)
  - Elderly (75+)
- Are you currently prescribed medications and/or receiving treatment for this condition? Yes/No
- Pulmonary embolism or deep vein thrombosis:
  - Are you still seeing a doctor or health care provider for this condition? Yes/No
  - About how old were you when you were first told you had this condition?
    - Child (0-11)
    - Adolescent (12-17)
    - Adult (18-64)
    - Older adult (65-74)
    - Elderly (75+)
  - Are you currently prescribed medications and/or receiving treatment for this condition? Yes/No
- Sickle cell disease:
  - Are you still seeing a doctor or health care provider for this condition? Yes/No
  - About how old were you when you were first told you had this condition?
    - Child (0-11)
    - Adolescent (12-17)
    - Adult (18-64)
    - Older adult (65-74)
    - Elderly (75+)
  - Are you currently prescribed medications and/or receiving treatment for this condition? Yes/No
- Stroke:
  - Are you still seeing a doctor or health care provider for this condition? Yes/No
  - About how old were you when you were first told you had this condition?
    - Child (0-11)
    - Adolescent (12-17)
    - Adult (18-64)
    - Older adult (65-74)
    - Elderly (75+)
  - Are you currently prescribed medications and/or receiving treatment for this condition? Yes/No
- Transient ischemic attacks (TIAs or mini-strokes) :
  - Are you still seeing a doctor or health care provider for this condition? Yes/No
  - About how old were you when you were first told you had this condition?
    - Child (0-11)

- Adolescent (12-17)
      - Adult (18-64)
      - Older adult (65-74)
      - Elderly (75+)
    - Are you currently prescribed medications and/or receiving treatment for this condition?  
Yes/No
  - Other heart and blood condition: [FREE TEXT]
    - Are you still seeing a doctor or health care provider for this condition? Yes/No
    - About how old were you when you were first told you had this condition?
      - Child (0-11)
      - Adolescent (12-17)
      - Adult (18-64)
      - Older adult (65-74)
      - Elderly (75+)
    - Are you currently prescribed medications and/or receiving treatment for this condition?  
Yes/No
- **Lung conditions:** Has a doctor or health care provider ever told you that you have or had any of the following respiratory conditions? (select all that apply)
  - Asthma
  - Chronic Lung Disease
  - Sleep Apnea
  - Other lung condition
  - I have no lung condition

**Branching logic:** If any of the above conditions are selected, display the following associated questions-

- Asthma
  - Are you still seeing a doctor or health care provider for this condition? Yes/No
  - About how old were you when you were first told you had this condition?
    - Child (0-11)
    - Adolescent (12-17)
    - Adult (18-64)
    - Older adult (65-74)
    - Elderly (75+)
  - Are you currently prescribed medications and/or receiving treatment for this condition?  
Yes/No
- Chronic Lung Disease
  - Are you still seeing a doctor or health care provider for this condition? Yes/No
  - About how old were you when you were first told you had this condition?
    - Child (0-11)
    - Adolescent (12-17)
    - Adult (18-64)
    - Older adult (65-74)
    - Elderly (75+)

- Are you currently prescribed medications and/or receiving treatment for this condition?  
Yes/No
  - Sleep Apnea
    - Are you still seeing a doctor or health care provider for this condition? Yes/No
    - About how old were you when you were first told you had this condition?
      - Child (0-11)
      - Adolescent (12-17)
      - Adult (18-64)
      - Older adult (65-74)
      - Elderly (75+)
    - Are you currently prescribed medications and/or receiving treatment for this condition?  
Yes/No
  - Other lung condition: [FREE TEXT]
    - Are you still seeing a doctor or health care provider for this condition? Yes/No
    - About how old were you when you were first told you had this condition?
      - Child (0-11)
      - Adolescent (12-17)
      - Adult (18-64)
      - Older adult (65-74)
      - Elderly (75+)
    - Are you currently prescribed medications and/or receiving treatment for this condition?  
Yes/No
- **Cancer: Has a doctor or health care provider ever told you that you have or had any of the following cancers? (select all that apply)**
  - Bladder cancer
  - Blood or soft tissue cancer
  - Bone cancer
  - Brain cancer
  - Breast cancer
  - Cervical cancer
  - Colon cancer/Rectal cancer
  - Endocrine cancer
  - Endometrial cancer
  - Esophageal cancer
  - Eye cancer
  - Head and Neck cancer
  - Kidney cancer
  - Lung cancer
  - Ovarian cancer
  - Pancreatic cancer
  - Prostate cancer
  - Skin cancer

- Stomach cancer
- Thyroid cancer
- Other cancer
- I do not have cancer

**Branching logic:** If any of the above conditions are selected, display the following associated questions-

- Bladder cancer
  - Are you still seeing a doctor or health care provider for this condition? Yes/No
  - About how old were you when you were first told you had this condition?
    - Child (0-11)
    - Adolescent (12-17)
    - Adult (18-64)
    - Older adult (65-74)
    - Elderly (75+)
  - Are you currently prescribed medications and/or receiving treatment for this condition? Yes/No
- Blood or soft tissue cancer
  - Are you still seeing a doctor or health care provider for this condition? Yes/No
  - About how old were you when you were first told you had this condition?
    - Child (0-11)
    - Adolescent (12-17)
    - Adult (18-64)
    - Older adult (65-74)
    - Elderly (75+)
  - Are you currently prescribed medications and/or receiving treatment for this condition? Yes/No
- Bone cancer
  - Are you still seeing a doctor or health care provider for this condition? Yes/No
  - About how old were you when you were first told you had this condition?
    - Child (0-11)
    - Adolescent (12-17)
    - Adult (18-64)
    - Older adult (65-74)
    - Elderly (75+)
  - Are you currently prescribed medications and/or receiving treatment for this condition? Yes/No
- Brain cancer
  - Are you still seeing a doctor or health care provider for this condition? Yes/No
  - About how old were you when you were first told you had this condition?
    - Child (0-11)
    - Adolescent (12-17)
    - Adult (18-64)
    - Older adult (65-74)

- Elderly (75+)
  - Are you currently prescribed medications and/or receiving treatment for this condition?  
Yes/No
- Breast cancer
  - Are you still seeing a doctor or health care provider for this condition? Yes/No
  - About how old were you when you were first told you had this condition?
    - Child (0-11)
    - Adolescent (12-17)
    - Adult (18-64)
    - Older adult (65-74)
    - Elderly (75+)
  - Are you currently prescribed medications and/or receiving treatment for this condition?  
Yes/No
- Cervical cancer
  - Are you still seeing a doctor or health care provider for this condition? Yes/No
  - About how old were you when you were first told you had this condition?
    - Child (0-11)
    - Adolescent (12-17)
    - Adult (18-64)
    - Older adult (65-74)
    - Elderly (75+)
  - Are you currently prescribed medications and/or receiving treatment for this condition?  
Yes/No
- Colon cancer/Rectal cancer
  - Are you still seeing a doctor or health care provider for this condition? Yes/No
  - About how old were you when you were first told you had this condition?
    - Child (0-11)
    - Adolescent (12-17)
    - Adult (18-64)
    - Older adult (65-74)
    - Elderly (75+)
  - Are you currently prescribed medications and/or receiving treatment for this condition?  
Yes/No
- Endocrine cancer
  - Are you still seeing a doctor or health care provider for this condition? Yes/No
  - About how old were you when you were first told you had this condition?
    - Child (0-11)
    - Adolescent (12-17)
    - Adult (18-64)
    - Older adult (65-74)
    - Elderly (75+)
  - Are you currently prescribed medications and/or receiving treatment for this condition?  
Yes/No



- Endometrial cancer
  - Are you still seeing a doctor or health care provider for this condition? Yes/No
  - About how old were you when you were first told you had this condition?
    - Child (0-11)
    - Adolescent (12-17)
    - Adult (18-64)
    - Older adult (65-74)
    - Elderly (75+)
  - Are you currently prescribed medications and/or receiving treatment for this condition? Yes/No
- Esophageal cancer
  - Are you still seeing a doctor or health care provider for this condition? Yes/No
  - About how old were you when you were first told you had this condition?
    - Child (0-11)
    - Adolescent (12-17)
    - Adult (18-64)
    - Older adult (65-74)
    - Elderly (75+)
  - Are you currently prescribed medications and/or receiving treatment for this condition? Yes/No
- Eye cancer
  - Are you still seeing a doctor or health care provider for this condition? Yes/No
  - About how old were you when you were first told you had this condition?
    - Child (0-11)
    - Adolescent (12-17)
    - Adult (18-64)
    - Older adult (65-74)
    - Elderly (75+)
  - Are you currently prescribed medications and/or receiving treatment for this condition? Yes/No
- Head and Neck cancer
  - Are you still seeing a doctor or health care provider for this condition? Yes/No
  - About how old were you when you were first told you had this condition?
    - Child (0-11)
    - Adolescent (12-17)
    - Adult (18-64)
    - Older adult (65-74)
    - Elderly (75+)
  - Are you currently prescribed medications and/or receiving treatment for this condition? Yes/No
- Kidney cancer
  - Are you still seeing a doctor or health care provider for this condition? Yes/No
  - About how old were you when you were first told you had this condition?

- Child (0-11)
  - Adolescent (12-17)
  - Adult (18-64)
  - Older adult (65-74)
  - Elderly (75+)
- Are you currently prescribed medications and/or receiving treatment for this condition?  
Yes/No
- Lung cancer
  - Are you still seeing a doctor or health care provider for this condition? Yes/No
  - About how old were you when you were first told you had this condition?
    - Child (0-11)
    - Adolescent (12-17)
    - Adult (18-64)
    - Older adult (65-74)
    - Elderly (75+)
  - Are you currently prescribed medications and/or receiving treatment for this condition?  
Yes/No
- Ovarian cancer
  - Are you still seeing a doctor or health care provider for this condition? Yes/No
  - About how old were you when you were first told you had this condition?
    - Child (0-11)
    - Adolescent (12-17)
    - Adult (18-64)
    - Older adult (65-74)
    - Elderly (75+)
- Are you currently prescribed medications and/or receiving treatment for this condition?  
Yes/NoPancreatic cancer
  - Are you still seeing a doctor or health care provider for this condition? Yes/No
  - About how old were you when you were first told you had this condition?
    - Child (0-11)
    - Adolescent (12-17)
    - Adult (18-64)
    - Older adult (65-74)
    - Elderly (75+)
  - Are you currently prescribed medications and/or receiving treatment for this condition?  
Yes/No
- Prostate cancer
  - Are you still seeing a doctor or health care provider for this condition? Yes/No
  - About how old were you when you were first told you had this condition?
    - Child (0-11)
    - Adolescent (12-17)
    - Adult (18-64)
    - Older adult (65-74)

- Elderly (75+)
  - Are you currently prescribed medications and/or receiving treatment for this condition?  
Yes/No
- Skin cancer
  - Are you still seeing a doctor or health care provider for this condition? Yes/No
  - About how old were you when you were first told you had this condition?
    - Child (0-11)
    - Adolescent (12-17)
    - Adult (18-64)
    - Older adult (65-74)
    - Elderly (75+)
  - Are you currently prescribed medications and/or receiving treatment for this condition?  
Yes/No
- Stomach cancer
  - Are you still seeing a doctor or health care provider for this condition? Yes/No
  - About how old were you when you were first told you had this condition?
    - Child (0-11)
    - Adolescent (12-17)
    - Adult (18-64)
    - Older adult (65-74)
    - Elderly (75+)
  - Are you currently prescribed medications and/or receiving treatment for this condition?  
Yes/No
- Thyroid cancer
  - Are you still seeing a doctor or health care provider for this condition? Yes/No
  - About how old were you when you were first told you had this condition?
    - Child (0-11)
    - Adolescent (12-17)
    - Adult (18-64)
    - Older adult (65-74)
    - Elderly (75+)
  - Are you currently prescribed medications and/or receiving treatment for this condition?  
Yes/No
- Other cancer: [FREE TEXT]
  - Are you still seeing a doctor or health care provider for this condition? Yes/No
  - About how old were you when you were first told you had this condition?
    - Child (0-11)
    - Adolescent (12-17)
    - Adult (18-64)
    - Older adult (65-74)
    - Elderly (75+)
  - Are you currently prescribed medications and/or receiving treatment for this condition?  
Yes/No

- **Digestive conditions:** Has a doctor or health care provider ever told you that you have...? (select all that apply)
  - Acid reflux
  - Bowel obstruction
  - Celiac disease
  - Colon polyps
  - Crohn's disease
  - Diverticulosis/diverticulitis
  - Gall stones
  - Hemorrhoids
  - Hernia
  - Irritable bowel syndrome (IBS)
  - Liver condition
  - Pancreatitis
  - Peptic ulcers
  - Ulcerative colitis
  - Other digestive condition
  - I have no digestive condition

**Branching logic:** If any of the above conditions are selected, display the following associated questions-

- Acid reflux
  - Are you still seeing a doctor or health care provider for this condition? Yes/No
  - About how old were you when you were first told you had this condition?
    - Child (0-11)
    - Adolescent (12-17)
    - Adult (18-64)
    - Older adult (65-74)
    - Elderly (75+)
  - Are you currently prescribed medications and/or receiving treatment for this condition? Yes/No
- Bowel obstruction
  - Are you still seeing a doctor or health care provider for this condition? Yes/No
  - About how old were you when you were first told you had this condition?
    - Child (0-11)
    - Adolescent (12-17)
    - Adult (18-64)
    - Older adult (65-74)
    - Elderly (75+)
  - Are you currently prescribed medications and/or receiving treatment for this condition? Yes/No
- Celiac disease
  - Are you still seeing a doctor or health care provider for this condition? Yes/No

- About how old were you when you were first told you had this condition?
  - Child (0-11)
  - Adolescent (12-17)
  - Adult (18-64)
  - Older adult (65-74)
  - Elderly (75+)
- Are you currently prescribed medications and/or receiving treatment for this condition?  
Yes/No
- Colon polyps
  - Are you still seeing a doctor or health care provider for this condition? Yes/No
  - About how old were you when you were first told you had this condition?
    - Child (0-11)
    - Adolescent (12-17)
    - Adult (18-64)
    - Older adult (65-74)
    - Elderly (75+)
  - Are you currently prescribed medications and/or receiving treatment for this condition?  
Yes/No
- Crohn's disease
  - Are you still seeing a doctor or health care provider for this condition? Yes/No
  - About how old were you when you were first told you had this condition?
    - Child (0-11)
    - Adolescent (12-17)
    - Adult (18-64)
    - Older adult (65-74)
    - Elderly (75+)
  - Are you currently prescribed medications and/or receiving treatment for this condition?  
Yes/No
- Diverticulosis/diverticulitis
  - Are you still seeing a doctor or health care provider for this condition? Yes/No
  - About how old were you when you were first told you had this condition?
    - Child (0-11)
    - Adolescent (12-17)
    - Adult (18-64)
    - Older adult (65-74)
    - Elderly (75+)
  - Are you currently prescribed medications and/or receiving treatment for this condition?  
Yes/No
- Gall stones
  - Are you still seeing a doctor or health care provider for this condition? Yes/No
  - About how old were you when you were first told you had this condition?
    - Child (0-11)
    - Adolescent (12-17)

- Adult (18-64)
  - Older adult (65-74)
  - Elderly (75+)
- Are you currently prescribed medications and/or receiving treatment for this condition?  
Yes/No
- Hemorrhoids
  - Are you still seeing a doctor or health care provider for this condition? Yes/No
  - About how old were you when you were first told you had this condition?
    - Child (0-11)
    - Adolescent (12-17)
    - Adult (18-64)
    - Older adult (65-74)
    - Elderly (75+)
  - Are you currently prescribed medications and/or receiving treatment for this condition?  
Yes/No
- Hernia
  - Are you still seeing a doctor or health care provider for this condition? Yes/No
  - About how old were you when you were first told you had this condition?
    - Child (0-11)
    - Adolescent (12-17)
    - Adult (18-64)
    - Older adult (65-74)
    - Elderly (75+)
  - Are you currently prescribed medications and/or receiving treatment for this condition?  
Yes/No
- Irritable bowel syndrome (IBS)
  - Are you still seeing a doctor or health care provider for this condition? Yes/No
  - About how old were you when you were first told you had this condition?
    - Child (0-11)
    - Adolescent (12-17)
    - Adult (18-64)
    - Older adult (65-74)
    - Elderly (75+)
  - Are you currently prescribed medications and/or receiving treatment for this condition?  
Yes/No
- Liver condition
  - Are you still seeing a doctor or health care provider for this condition? Yes/No
  - About how old were you when you were first told you had this condition?
    - Child (0-11)
    - Adolescent (12-17)
    - Adult (18-64)
    - Older adult (65-74)
    - Elderly (75+)

- Are you currently prescribed medications and/or receiving treatment for this condition?  
Yes/No
  - Pancreatitis
    - Are you still seeing a doctor or health care provider for this condition? Yes/No
    - About how old were you when you were first told you had this condition?
      - Child (0-11)
      - Adolescent (12-17)
      - Adult (18-64)
      - Older adult (65-74)
      - Elderly (75+)
    - Are you currently prescribed medications and/or receiving treatment for this condition?  
Yes/No
  - Other digestive condition: [FREE TEXT]
    - Are you still seeing a doctor or health care provider for this condition? Yes/No
    - About how old were you when you were first told you had this condition?
      - Child (0-11)
      - Adolescent (12-17)
      - Adult (18-64)
      - Older adult (65-74)
      - Elderly (75+)
    - Are you currently prescribed medications and/or receiving treatment for this condition?  
Yes/No
- **Hormone/endocrine conditions:** Has a doctor or health care provider ever told you that you have...?  
(select all that apply)
  - Hyperthyroidism
  - Hypothyroidism
  - Prediabetes
  - Type 1 Diabetes
  - Type 2 Diabetes
  - Other/Unknown diabetes
  - Other/Unknown thyroid condition
  - Other hormone/endocrine condition
  - I have no hormone/endocrine condition

**Branching logic:** If any of the above conditions are selected, display the following associated questions-

- Hyperthyroidism
  - Are you still seeing a doctor or health care provider for this condition? Yes/No
  - About how old were you when you were first told you had this condition?
    - Child (0-11)
    - Adolescent (12-17)
    - Adult (18-64)
    - Older adult (65-74)

- Elderly (75+)
  - Are you currently prescribed medications and/or receiving treatment for this condition?  
Yes/No
- Hypothyroidism
  - Are you still seeing a doctor or health care provider for this condition? Yes/No
  - About how old were you when you were first told you had this condition?
    - Child (0-11)
    - Adolescent (12-17)
    - Adult (18-64)
    - Older adult (65-74)
    - Elderly (75+)
  - Are you currently prescribed medications and/or receiving treatment for this condition?  
Yes/No
- Prediabetes
  - Are you still seeing a doctor or health care provider for this condition? Yes/No
  - About how old were you when you were first told you had this condition?
    - Child (0-11)
    - Adolescent (12-17)
    - Adult (18-64)
    - Older adult (65-74)
    - Elderly (75+)
  - Are you currently prescribed medications and/or receiving treatment for this condition?  
Yes/No
- Type 1 Diabetes
  - Are you still seeing a doctor or health care provider for this condition? Yes/No
  - About how old were you when you were first told you had this condition?
    - Child (0-11)
    - Adolescent (12-17)
    - Adult (18-64)
    - Older adult (65-74)
    - Elderly (75+)
  - Are you currently prescribed medications and/or receiving treatment for this condition?  
Yes/No
- Type 2 Diabetes
  - Are you still seeing a doctor or health care provider for this condition? Yes/No
  - About how old were you when you were first told you had this condition?
    - Child (0-11)
    - Adolescent (12-17)
    - Adult (18-64)
    - Older adult (65-74)
    - Elderly (75+)
  - Are you currently prescribed medications and/or receiving treatment for this condition?  
Yes/No



- Other/unknown diabetes
  - Are you still seeing a doctor or health care provider for this condition? Yes/No
  - About how old were you when you were first told you had this condition?
    - Child (0-11)
    - Adolescent (12-17)
    - Adult (18-64)
    - Older adult (65-74)
    - Elderly (75+)
  - Are you currently prescribed medications and/or receiving treatment for this condition? Yes/No
- Other/unknown thyroid condition
  - Are you still seeing a doctor or health care provider for this condition? Yes/No
  - About how old were you when you were first told you had this condition?
    - Child (0-11)
    - Adolescent (12-17)
    - Adult (18-64)
    - Older adult (65-74)
    - Elderly (75+)
  - Are you currently prescribed medications and/or receiving treatment for this condition? Yes/No
- Other hormone/endocrine condition: [FREE TEXT]
  - Are you still seeing a doctor or health care provider for this condition? Yes/No
  - About how old were you when you were first told you had this condition?
    - Child (0-11)
    - Adolescent (12-17)
    - Adult (18-64)
    - Older adult (65-74)
    - Elderly (75+)
  - Are you currently prescribed medications and/or receiving treatment for this condition? Yes/No
- **Kidney conditions: Has a doctor or health care provider ever told you that you have...? (select all that apply)**
  - Acute kidney disease with no current dialysis
  - Kidney disease with dialysis
  - Kidney disease without dialysis
  - Kidney stones
  - Other kidney condition
  - I have no kidney condition

**Branching logic:** If any of the above conditions are selected, display the following associated questions-

- Acute kidney disease with no current dialysis
  - Are you still seeing a doctor or health care provider for this condition? Yes/No
  - About how old were you when you were first told you had this condition?

- Child (0-11)
  - Adolescent (12-17)
  - Adult (18-64)
  - Older adult (65-74)
  - Elderly (75+)
- Are you currently prescribed medications and/or receiving treatment for this condition?  
Yes/No
- Kidney disease with dialysis
  - Are you still seeing a doctor or health care provider for this condition? Yes/No
  - About how old were you when you were first told you had this condition?
    - Child (0-11)
    - Adolescent (12-17)
    - Adult (18-64)
    - Older adult (65-74)
    - Elderly (75+)
  - Are you currently prescribed medications and/or receiving treatment for this condition?  
Yes/No
- Kidney disease without dialysis
  - Are you still seeing a doctor or health care provider for this condition? Yes/No
  - About how old were you when you were first told you had this condition?
    - Child (0-11)
    - Adolescent (12-17)
    - Adult (18-64)
    - Older adult (65-74)
    - Elderly (75+)
  - Are you currently prescribed medications and/or receiving treatment for this condition?  
Yes/No
- Kidney stones
  - Are you still seeing a doctor or health care provider for this condition? Yes/No
  - About how old were you when you were first told you had this condition?
    - Child (0-11)
    - Adolescent (12-17)
    - Adult (18-64)
    - Older adult (65-74)
    - Elderly (75+)
  - Are you currently prescribed medications and/or receiving treatment for this condition?  
Yes/No
- Other kidney condition: [FREE TEXT]
  - Are you still seeing a doctor or health care provider for this condition? Yes/No
  - About how old were you when you were first told you had this condition?
    - Child (0-11)
    - Adolescent (12-17)
    - Adult (18-64)

- Older adult (65-74)
  - Elderly (75+)
  - Are you currently prescribed medications and/or receiving treatment for this condition?  
Yes/No
- **Bone, joint and muscle conditions:** Has a doctor or health care provider ever told you that you have...?  
(select all that apply)
  - Carpal tunnel syndrome
  - Fibromyalgia
  - Fractured/broken any bones in the last 5 years
  - Gout
  - Osteoarthritis
  - Osteoporosis
  - Pseudogout
  - Rheumatoid arthritis
  - Spine, muscle, or bone disorders (non-cancer)
  - Systemic lupus
  - Other arthritis
  - Other bone, joint or muscle condition
  - I have no bone, joint or muscle condition

**Branching logic:** If any of the above conditions are selected, display the following associated questions-

- Carpal tunnel syndrome
  - Are you still seeing a doctor or health care provider for this condition? Yes/No
  - About how old were you when you were first told you had this condition?
    - Child (0-11)
    - Adolescent (12-17)
    - Adult (18-64)
    - Older adult (65-74)
    - Elderly (75+)
  - Are you currently prescribed medications and/or receiving treatment for this condition?  
Yes/No
- Fibromyalgia
  - Are you still seeing a doctor or health care provider for this condition? Yes/No
  - About how old were you when you were first told you had this condition?
    - Child (0-11)
    - Adolescent (12-17)
    - Adult (18-64)
    - Older adult (65-74)
    - Elderly (75+)
  - Are you currently prescribed medications and/or receiving treatment for this condition?  
Yes/No
- Fractured/broken any bones in the last 5 years

- Are you still seeing a doctor or health care provider for this condition? Yes/No
- About how old were you when you were first told you had this condition?
  - Child (0-11)
  - Adolescent (12-17)
  - Adult (18-64)
  - Older adult (65-74)
  - Elderly (75+)
- Are you currently prescribed medications and/or receiving treatment for this condition? Yes/No
- Gout
  - Are you still seeing a doctor or health care provider for this condition? Yes/No
  - About how old were you when you were first told you had this condition?
    - Child (0-11)
    - Adolescent (12-17)
    - Adult (18-64)
    - Older adult (65-74)
    - Elderly (75+)
  - Are you currently prescribed medications and/or receiving treatment for this condition? Yes/No
- Osteoarthritis
  - Are you still seeing a doctor or health care provider for this condition? Yes/No
  - About how old were you when you were first told you had this condition?
    - Child (0-11)
    - Adolescent (12-17)
    - Adult (18-64)
    - Older adult (65-74)
    - Elderly (75+)
  - Are you currently prescribed medications and/or receiving treatment for this condition? Yes/No
- Osteoporosis
  - Are you still seeing a doctor or health care provider for this condition? Yes/No
  - About how old were you when you were first told you had this condition?
    - Child (0-11)
    - Adolescent (12-17)
    - Adult (18-64)
    - Older adult (65-74)
    - Elderly (75+)
  - Are you currently prescribed medications and/or receiving treatment for this condition? Yes/No
- Pseudogout
  - Are you still seeing a doctor or health care provider for this condition? Yes/No
  - About how old were you when you were first told you had this condition?

- Child (0-11)
  - Adolescent (12-17)
  - Adult (18-64)
  - Older adult (65-74)
  - Elderly (75+)
- Are you currently prescribed medications and/or receiving treatment for this condition?  
Yes/No
- Rheumatoid arthritis
  - Are you still seeing a doctor or health care provider for this condition? Yes/No
  - About how old were you when you were first told you had this condition?
    - Child (0-11)
    - Adolescent (12-17)
    - Adult (18-64)
    - Older adult (65-74)
    - Elderly (75+)
  - Are you currently prescribed medications and/or receiving treatment for this condition?  
Yes/No
- Spine, muscle, or bone disorders (non-cancer)
  - Are you still seeing a doctor or health care provider for this condition? Yes/No
  - About how old were you when you were first told you had this condition?
    - Child (0-11)
    - Adolescent (12-17)
    - Adult (18-64)
    - Older adult (65-74)
    - Elderly (75+)
  - Are you currently prescribed medications and/or receiving treatment for this condition?  
Yes/No
- Systemic lupus
  - Are you still seeing a doctor or health care provider for this condition? Yes/No
  - About how old were you when you were first told you had this condition?
    - Child (0-11)
    - Adolescent (12-17)
    - Adult (18-64)
    - Older adult (65-74)
    - Elderly (75+)
  - Are you currently prescribed medications and/or receiving treatment for this condition?  
Yes/No
- Other arthritis
  - Are you still seeing a doctor or health care provider for this condition? Yes/No
  - About how old were you when you were first told you had this condition?
    - Child (0-11)
    - Adolescent (12-17)
    - Adult (18-64)

- Older adult (65-74)
      - Elderly (75+)
    - Are you currently prescribed medications and/or receiving treatment for this condition?  
Yes/No
  - Other bone, joint or muscle condition: [FREE TEXT]
    - Are you still seeing a doctor or health care provider for this condition? Yes/No
    - About how old were you when you were first told you had this condition?
      - Child (0-11)
      - Adolescent (12-17)
      - Adult (18-64)
      - Older adult (65-74)
      - Elderly (75+)
    - Are you currently prescribed medications and/or receiving treatment for this condition?  
Yes/No
- **Hearing and eye conditions:** Has a doctor or health care provider ever told you that you have any of the following hearing or vision problems? (select all that apply)
  - Blindness, all causes
  - Cataracts
  - Dry eyes
  - Farsighted
  - Nearsighted
  - Astigmatism
  - Glaucoma
  - Macular degeneration
  - Tinnitus
  - Severe hearing loss or partial deafness in one or both ears
  - Other hearing or eye condition
  - I have no hearing or eye condition

**Branching logic:** If any of the above conditions are selected, display the following associated questions-

- Blindness, all causes
  - Are you still seeing a doctor or health care provider for this condition? Yes/No
  - About how old were you when you were first told you had this condition?
    - Child (0-11)
    - Adolescent (12-17)
    - Adult (18-64)
    - Older adult (65-74)
    - Elderly (75+)
  - Are you currently prescribed medications and/or receiving treatment for this condition?  
Yes/No
- Cataracts
  - Are you still seeing a doctor or health care provider for this condition? Yes/No
  - About how old were you when you were first told you had this condition?

- Child (0-11)
  - Adolescent (12-17)
  - Adult (18-64)
  - Older adult (65-74)
  - Elderly (75+)
- Are you currently prescribed medications and/or receiving treatment for this condition?  
Yes/No
- Dry eyes
  - Are you still seeing a doctor or health care provider for this condition? Yes/No
  - About how old were you when you were first told you had this condition?
    - Child (0-11)
    - Adolescent (12-17)
    - Adult (18-64)
    - Older adult (65-74)
    - Elderly (75+)
  - Are you currently prescribed medications and/or receiving treatment for this condition?  
Yes/No
- Farsighted
  - Are you still seeing a doctor or health care provider for this condition? Yes/No
  - About how old were you when you were first told you had this condition?
    - Child (0-11)
    - Adolescent (12-17)
    - Adult (18-64)
    - Older adult (65-74)
    - Elderly (75+)
  - Are you currently prescribed medications and/or receiving treatment (such as glasses, corrective lenses, or corrective surgery) for this condition? Yes/No
- Nearsighted
  - Are you still seeing a doctor or health care provider for this condition? Yes/No
  - About how old were you when you were first told you had this condition?
    - Child (0-11)
    - Adolescent (12-17)
    - Adult (18-64)
    - Older adult (65-74)
    - Elderly (75+)
  - Are you currently prescribed medications and/or receiving treatment (such as glasses, corrective lenses, or corrective surgery) for this condition? Yes/No
- Astigmatism
  - Are you still seeing a doctor or health care provider for this condition? Yes/No
  - About how old were you when you were first told you had this condition?
    - Child (0-11)
    - Adolescent (12-17)
    - Adult (18-64)

- Older adult (65-74)
  - Elderly (75+)
  - Are you currently prescribed medications and/or receiving treatment (such as glasses, corrective lenses, or corrective surgery) for this condition? Yes/No
- Glaucoma
  - Are you still seeing a doctor or health care provider for this condition? Yes/No
  - About how old were you when you were first told you had this condition?
    - Child (0-11)
    - Adolescent (12-17)
    - Adult (18-64)
    - Older adult (65-74)
    - Elderly (75+)
  - Are you currently prescribed medications and/or receiving treatment for this condition? Yes/No
- Macular degeneration
  - Are you still seeing a doctor or health care provider for this condition? Yes/No
  - About how old were you when you were first told you had this condition?
    - Child (0-11)
    - Adolescent (12-17)
    - Adult (18-64)
    - Older adult (65-74)
    - Elderly (75+)
  - Are you currently prescribed medications and/or receiving treatment for this condition? Yes/No
- Tinnitus
  - Are you still seeing a doctor or health care provider for this condition? Yes/No
  - About how old were you when you were first told you had this condition?
    - Child (0-11)
    - Adolescent (12-17)
    - Adult (18-64)
    - Older adult (65-74)
    - Elderly (75+)
  - Are you currently prescribed medications and/or receiving treatment for this condition? Yes/No
- Severe hearing loss or partial deafness in one or both ears
  - Are you still seeing a doctor or health care provider for this condition? Yes/No
  - About how old were you when you were first told you had this condition?
    - Child (0-11)
    - Adolescent (12-17)
    - Adult (18-64)
    - Older adult (65-74)
    - Elderly (75+)



- Are you currently prescribed medications and/or receiving treatment for this condition?  
Yes/No
  - Other hearing or eye condition: [FREE TEXT]
    - Are you still seeing a doctor or health care provider for this condition? Yes/No
    - About how old were you when you were first told you had this condition?
      - Child (0-11)
      - Adolescent (12-17)
      - Adult (18-64)
      - Older adult (65-74)
      - Elderly (75+)
    - Are you currently prescribed medications and/or receiving treatment for this condition?  
Yes/No
- **Infectious diseases:** Has a doctor or health care provider ever told you that you have...? (select all that apply)
  - Chickenpox
  - Chronic sinus infections
  - Dengue fever
  - Hepatitis A
  - Hepatitis B
  - Hepatitis C
  - HIV/AIDS
  - Lyme disease
  - Recurrent urinary tract infections (UTI)/bladder infections
  - Reoccurring yeast infection
  - Severe acute respiratory syndrome (SARS)
  - Sexually transmitted infections (Gonorrhea, Syphilis, Chlamydia)
  - Shingles
  - Tuberculosis
  - West Nile virus
  - Zika virus
  - Other infectious disease
  - I have no infectious disease

**Branching logic:** If any of the above conditions are selected, display the following associated questions-

- Chickenpox
  - Are you still seeing a doctor or health care provider for this condition? Yes/No
  - About how old were you when you were first told you had this condition?
    - Child (0-11)
    - Adolescent (12-17)
    - Adult (18-64)
    - Older adult (65-74)
    - Elderly (75+)

- Are you currently prescribed medications and/or receiving treatment for this condition?  
Yes/No
- Chronic sinus infections
  - Are you still seeing a doctor or health care provider for this condition? Yes/No
  - About how old were you when you were first told you had this condition?
    - Child (0-11)
    - Adolescent (12-17)
    - Adult (18-64)
    - Older adult (65-74)
    - Elderly (75+)
  - Are you currently prescribed medications and/or receiving treatment for this condition?  
Yes/No
- Dengue fever
  - Are you still seeing a doctor or health care provider for this condition? Yes/No
  - About how old were you when you were first told you had this condition?
    - Child (0-11)
    - Adolescent (12-17)
    - Adult (18-64)
    - Older adult (65-74)
    - Elderly (75+)
  - Are you currently prescribed medications and/or receiving treatment for this condition?  
Yes/No
- Hepatitis A
  - Are you still seeing a doctor or health care provider for this condition? Yes/No
  - About how old were you when you were first told you had this condition?
    - Child (0-11)
    - Adolescent (12-17)
    - Adult (18-64)
    - Older adult (65-74)
    - Elderly (75+)
  - Are you currently prescribed medications and/or receiving treatment for this condition?  
Yes/No
- Hepatitis B
  - Are you still seeing a doctor or health care provider for this condition? Yes/No
  - About how old were you when you were first told you had this condition?
    - Child (0-11)
    - Adolescent (12-17)
    - Adult (18-64)
    - Older adult (65-74)
    - Elderly (75+)
  - Are you currently prescribed medications and/or receiving treatment for this condition?  
Yes/No
- Hepatitis C

- Are you still seeing a doctor or health care provider for this condition? Yes/No
- About how old were you when you were first told you had this condition?
  - Child (0-11)
  - Adolescent (12-17)
  - Adult (18-64)
  - Older adult (65-74)
  - Elderly (75+)
- Are you currently prescribed medications and/or receiving treatment for this condition? Yes/No
- HIV/AIDS
  - Are you still seeing a doctor or health care provider for this condition? Yes/No
  - About how old were you when you were first told you had this condition?
    - Child (0-11)
    - Adolescent (12-17)
    - Adult (18-64)
    - Older adult (65-74)
    - Elderly (75+)
  - Are you currently prescribed medications and/or receiving treatment for this condition? Yes/No
- Lyme disease
  - Are you still seeing a doctor or health care provider for this condition? Yes/No
  - About how old were you when you were first told you had this condition?
    - Child (0-11)
    - Adolescent (12-17)
    - Adult (18-64)
    - Older adult (65-74)
    - Elderly (75+)
  - Are you currently prescribed medications and/or receiving treatment for this condition? Yes/No
- Recurrent urinary tract infections (UTI)/bladder infections
  - Are you still seeing a doctor or health care provider for this condition? Yes/No
  - About how old were you when you were first told you had this condition?
    - Child (0-11)
    - Adolescent (12-17)
    - Adult (18-64)
    - Older adult (65-74)
    - Elderly (75+)
  - Are you currently prescribed medications and/or receiving treatment for this condition? Yes/No
- Reoccurring yeast infection
  - Are you still seeing a doctor or health care provider for this condition? Yes/No
  - About how old were you when you were first told you had this condition?
    - Child (0-11)

- Adolescent (12-17)
  - Adult (18-64)
  - Older adult (65-74)
  - Elderly (75+)
- Are you currently prescribed medications and/or receiving treatment for this condition?  
Yes/No
- Severe acute respiratory syndrome (SARS)
  - Are you still seeing a doctor or health care provider for this condition? Yes/No
  - About how old were you when you were first told you had this condition?
    - Child (0-11)
    - Adolescent (12-17)
    - Adult (18-64)
    - Older adult (65-74)
    - Elderly (75+)
  - Are you currently prescribed medications and/or receiving treatment for this condition?  
Yes/No
- Sexually transmitted infections (Gonorrhea, Syphilis, Chlamydia)
  - Are you still seeing a doctor or health care provider for this condition? Yes/No
  - About how old were you when you were first told you had this condition?
    - Child (0-11)
    - Adolescent (12-17)
    - Adult (18-64)
    - Older adult (65-74)
    - Elderly (75+)
  - Are you currently prescribed medications and/or receiving treatment for this condition?  
Yes/No
- Shingles
  - Are you still seeing a doctor or health care provider for this condition? Yes/No
  - About how old were you when you were first told you had this condition?
    - Child (0-11)
    - Adolescent (12-17)
    - Adult (18-64)
    - Older adult (65-74)
    - Elderly (75+)
  - Are you currently prescribed medications and/or receiving treatment for this condition?  
Yes/No
- Tuberculosis
  - Are you still seeing a doctor or health care provider for this condition? Yes/No
  - About how old were you when you were first told you had this condition?
    - Child (0-11)
    - Adolescent (12-17)
    - Adult (18-64)
    - Older adult (65-74)

- Elderly (75+)
    - Are you currently prescribed medications and/or receiving treatment for this condition?  
Yes/No
  - West Nile virus
    - Are you still seeing a doctor or health care provider for this condition? Yes/No
    - About how old were you when you were first told you had this condition?
      - Child (0-11)
      - Adolescent (12-17)
      - Adult (18-64)
      - Older adult (65-74)
      - Elderly (75+)
    - Are you currently prescribed medications and/or receiving treatment for this condition?  
Yes/No
  - Zika virus
    - Are you still seeing a doctor or health care provider for this condition? Yes/No
    - About how old were you when you were first told you had this condition?
      - Child (0-11)
      - Adolescent (12-17)
      - Adult (18-64)
      - Older adult (65-74)
      - Elderly (75+)
    - Are you currently prescribed medications and/or receiving treatment for this condition?  
Yes/No
  - Other infectious disease: [FREE TEXT]
    - Are you still seeing a doctor or health care provider for this condition? Yes/No
    - About how old were you when you were first told you had this condition?
      - Child (0-11)
      - Adolescent (12-17)
      - Adult (18-64)
      - Older adult (65-74)
      - Elderly (75+)
    - Are you currently prescribed medications and/or receiving treatment for this condition?  
Yes/No
- **Brain and nervous system conditions:** Has a doctor or health care provider ever told you that you have...?  
(select all that apply)
  - Cerebral palsy
  - Chronic fatigue
  - Concussion or loss of consciousness
  - Dementia
  - Epilepsy or seizure
  - Insomnia
  - Lou Gehrig's Disease (Amyotrophic Lateral Sclerosis or ALS)
  - Memory loss or impairment

- Migraine headaches
- Multiple sclerosis
- Muscular Dystrophy (MD)
- Narcolepsy
- Neuropathy
- Parkinson's disease
- Restless leg syndrome
- Spinal cord injury or impairment
- Traumatic brain injury (TBI)
- Other brain or nervous system condition
- I have no brain or nervous system condition

**Branching logic:** If any of the above conditions are selected, display the following associated questions-

- Cerebral palsy
  - Are you still seeing a doctor or health care provider for this condition? Yes/No
  - About how old were you when you were first told you had this condition?
    - Child (0-11)
    - Adolescent (12-17)
    - Adult (18-64)
    - Older adult (65-74)
    - Elderly (75+)
  - Are you currently prescribed medications and/or receiving treatment for this condition? Yes/No
- Chronic fatigue
  - Are you still seeing a doctor or health care provider for this condition? Yes/No
  - About how old were you when you were first told you had this condition?
    - Child (0-11)
    - Adolescent (12-17)
    - Adult (18-64)
    - Older adult (65-74)
    - Elderly (75+)
  - Are you currently prescribed medications and/or receiving treatment for this condition? Yes/No
- Concussion or loss of consciousness
  - Are you still seeing a doctor or health care provider for this condition? Yes/No
  - About how old were you when you were first told you had this condition?
    - Child (0-11)
    - Adolescent (12-17)
    - Adult (18-64)
    - Older adult (65-74)
    - Elderly (75+)

- Are you currently prescribed medications and/or receiving treatment for this condition?  
Yes/No
  -
- Dementia
  - Are you still seeing a doctor or health care provider for this condition? Yes/No
  - About how old were you when you were first told you had this condition?
    - Child (0-11)
    - Adolescent (12-17)
    - Adult (18-64)
    - Older adult (65-74)
    - Elderly (75+)
  - Are you currently prescribed medications and/or receiving treatment for this condition?  
Yes/No
- Epilepsy or seizure
  - Are you still seeing a doctor or health care provider for this condition? Yes/No
  - About how old were you when you were first told you had this condition?
    - Child (0-11)
    - Adolescent (12-17)
    - Adult (18-64)
    - Older adult (65-74)
    - Elderly (75+)
  - Are you currently prescribed medications and/or receiving treatment for this condition?  
Yes/No
- Insomnia
  - Are you still seeing a doctor or health care provider for this condition? Yes/No
  - About how old were you when you were first told you had this condition?
    - Child (0-11)
    - Adolescent (12-17)
    - Adult (18-64)
    - Older adult (65-74)
    - Elderly (75+)
  - Are you currently prescribed medications and/or receiving treatment for this condition?  
Yes/No
- Lou Gehrig's Disease (Amyotrophic Lateral Sclerosis or ALS)
  - Are you still seeing a doctor or health care provider for this condition? Yes/No
  - About how old were you when you were first told you had this condition?
    - Child (0-11)
    - Adolescent (12-17)
    - Adult (18-64)
    - Older adult (65-74)
    - Elderly (75+)
  - Are you currently prescribed medications and/or receiving treatment for this condition?  
Yes/No

- Memory loss or impairment
  - Are you still seeing a doctor or health care provider for this condition? Yes/No
  - About how old were you when you were first told you had this condition?
    - Child (0-11)
    - Adolescent (12-17)
    - Adult (18-64)
    - Older adult (65-74)
    - Elderly (75+)
  - Are you currently prescribed medications and/or receiving treatment for this condition? Yes/No
- Migraine headaches
  - Are you still seeing a doctor or health care provider for this condition? Yes/No
  - About how old were you when you were first told you had this condition?
    - Child (0-11)
    - Adolescent (12-17)
    - Adult (18-64)
    - Older adult (65-74)
    - Elderly (75+)
  - Are you currently prescribed medications and/or receiving treatment for this condition? Yes/No
- Multiple sclerosis
  - Are you still seeing a doctor or health care provider for this condition? Yes/No
  - About how old were you when you were first told you had this condition?
    - Child (0-11)
    - Adolescent (12-17)
    - Adult (18-64)
    - Older adult (65-74)
    - Elderly (75+)
  - Are you currently prescribed medications and/or receiving treatment for this condition? Yes/No
- Muscular Dystrophy (MD)
  - Are you still seeing a doctor or health care provider for this condition? Yes/No
  - About how old were you when you were first told you had this condition?
    - Child (0-11)
    - Adolescent (12-17)
    - Adult (18-64)
    - Older adult (65-74)
    - Elderly (75+)
  - Are you currently prescribed medications and/or receiving treatment for this condition? Yes/No
- Narcolepsy
  - Are you still seeing a doctor or health care provider for this condition? Yes/No
  - About how old were you when you were first told you had this condition?



- Child (0-11)
  - Adolescent (12-17)
  - Adult (18-64)
  - Older adult (65-74)
  - Elderly (75+)
- Are you currently prescribed medications and/or receiving treatment for this condition?  
Yes/No
- Neuropathy
  - Are you still seeing a doctor or health care provider for this condition? Yes/No
  - About how old were you when you were first told you had this condition?
    - Child (0-11)
    - Adolescent (12-17)
    - Adult (18-64)
    - Older adult (65-74)
    - Elderly (75+)
  - Are you currently prescribed medications and/or receiving treatment for this condition?  
Yes/No
- Parkinson's disease
  - Are you still seeing a doctor or health care provider for this condition? Yes/No
  - About how old were you when you were first told you had this condition?
    - Child (0-11)
    - Adolescent (12-17)
    - Adult (18-64)
    - Older adult (65-74)
    - Elderly (75+)
  - Are you currently prescribed medications and/or receiving treatment for this condition?  
Yes/No
- Restless leg syndrome
  - Are you still seeing a doctor or health care provider for this condition? Yes/No
  - About how old were you when you were first told you had this condition?
    - Child (0-11)
    - Adolescent (12-17)
    - Adult (18-64)
    - Older adult (65-74)
    - Elderly (75+)
  - Are you currently prescribed medications and/or receiving treatment for this condition?  
Yes/No
- Spinal cord injury or impairment
  - Are you still seeing a doctor or health care provider for this condition? Yes/No
  - About how old were you when you were first told you had this condition?
    - Child (0-11)
    - Adolescent (12-17)
    - Adult (18-64)

- Older adult (65-74)
      - Elderly (75+)
    - Are you currently prescribed medications and/or receiving treatment for this condition?  
Yes/No
  - Traumatic Brain Injury (TBI)
    - Are you still seeing a doctor or health care provider for this condition? Yes/No
    - About how old were you when you were first told you had this condition?
      - Child (0-11)
      - Adolescent (12-17)
      - Adult (18-64)
      - Older adult (65-74)
      - Elderly (75+)
    - Are you currently prescribed medications and/or receiving treatment for this condition?  
Yes/No
  - Other brain or nervous system condition: [FREE TEXT]
    - Are you still seeing a doctor or health care provider for this condition? Yes/No
    - About how old were you when you were first told you had this condition?
      - Child (0-11)
      - Adolescent (12-17)
      - Adult (18-64)
      - Older adult (65-74)
      - Elderly (75+)
    - Are you currently prescribed medications and/or receiving treatment for this condition?  
Yes/No
- **Mental health and substance use conditions:** Has a doctor or health care provider ever told you that you have...? (select all that apply)
  - Alcohol use disorder
  - Anxiety reaction/panic disorder
  - Attention-deficit/hyperactivity disorder (ADHD)
  - Autism spectrum disorder
  - Bipolar disorder
  - Depression
  - Drug use disorder
  - Eating disorder
  - Personality disorder
  - Post-traumatic stress disorder (PTSD)
  - Schizophrenia
  - Social phobia
  - Other mental health or substance use condition
  - I have no mental health or substance use condition

**Branching logic:** If any of the above conditions are selected, display the following associated questions-

- Alcohol use disorder
  - Are you still seeing a doctor or health care provider for this condition? Yes/No
  - About how old were you when you were first told you had this condition?
    - Child (0-11)
    - Adolescent (12-17)
    - Adult (18-64)
    - Older adult (65-74)
    - Elderly (75+)
  - Are you currently prescribed medications and/or receiving treatment for this condition? Yes/No
- Anxiety reaction/panic disorder
  - Are you still seeing a doctor or health care provider for this condition? Yes/No
  - About how old were you when you were first told you had this condition?
    - Child (0-11)
    - Adolescent (12-17)
    - Adult (18-64)
    - Older adult (65-74)
    - Elderly (75+)
  - Are you currently prescribed medications and/or receiving treatment for this condition? Yes/No
- Attention-deficit/hyperactivity disorder (ADHD)
  - Are you still seeing a doctor or health care provider for this condition? Yes/No
  - About how old were you when you were first told you had this condition?
    - Child (0-11)
    - Adolescent (12-17)
    - Adult (18-64)
    - Older adult (65-74)
    - Elderly (75+)
  - Are you currently prescribed medications and/or receiving treatment for this condition? Yes/No
- Autism spectrum disorder
  - Are you still seeing a doctor or health care provider for this condition? Yes/No
  - About how old were you when you were first told you had this condition?
    - Child (0-11)
    - Adolescent (12-17)
    - Adult (18-64)
    - Older adult (65-74)
    - Elderly (75+)
  - Are you currently prescribed medications and/or receiving treatment for this condition? Yes/No
- Bipolar disorder
  - Are you still seeing a doctor or health care provider for this condition? Yes/No
  - About how old were you when you were first told you had this condition?

- Child (0-11)
  - Adolescent (12-17)
  - Adult (18-64)
  - Older adult (65-74)
  - Elderly (75+)
- Are you currently prescribed medications and/or receiving treatment for this condition?  
Yes/No
- Depression
  - Are you still seeing a doctor or health care provider for this condition? Yes/No
  - About how old were you when you were first told you had this condition?
    - Child (0-11)
    - Adolescent (12-17)
    - Adult (18-64)
    - Older adult (65-74)
    - Elderly (75+)
  - Are you currently prescribed medications and/or receiving treatment for this condition?  
Yes/No
- Drug use disorder
  - Are you still seeing a doctor or health care provider for this condition? Yes/No
  - About how old were you when you were first told you had this condition?
    - Child (0-11)
    - Adolescent (12-17)
    - Adult (18-64)
    - Older adult (65-74)
    - Elderly (75+)
  - Are you currently prescribed medications and/or receiving treatment for this condition?  
Yes/No
- Eating disorder
  - Are you still seeing a doctor or health care provider for this condition? Yes/No
  - About how old were you when you were first told you had this condition?
    - Child (0-11)
    - Adolescent (12-17)
    - Adult (18-64)
    - Older adult (65-74)
    - Elderly (75+)
  - Are you currently prescribed medications and/or receiving treatment for this condition?  
Yes/No
- Personality disorder
  - Are you still seeing a doctor or health care provider for this condition? Yes/No
  - About how old were you when you were first told you had this condition?
    - Child (0-11)
    - Adolescent (12-17)
    - Adult (18-64)

- Older adult (65-74)
    - Elderly (75+)
  - Are you currently prescribed medications and/or receiving treatment for this condition?  
Yes/No
- Post-traumatic stress disorder (PTSD)
  - Are you still seeing a doctor or health care provider for this condition? Yes/No
  - About how old were you when you were first told you had this condition?
    - Child (0-11)
    - Adolescent (12-17)
    - Adult (18-64)
    - Older adult (65-74)
    - Elderly (75+)
  - Are you currently prescribed medications and/or receiving treatment for this condition?  
Yes/No
- Schizophrenia
  - Are you still seeing a doctor or health care provider for this condition? Yes/No
  - About how old were you when you were first told you had this condition?
    - Child (0-11)
    - Adolescent (12-17)
    - Adult (18-64)
    - Older adult (65-74)
    - Elderly (75+)
  - Are you currently prescribed medications and/or receiving treatment for this condition?  
Yes/No
- Social phobia
  - Are you still seeing a doctor or health care provider for this condition? Yes/No
  - About how old were you when you were first told you had this condition?
    - Child (0-11)
    - Adolescent (12-17)
    - Adult (18-64)
    - Older adult (65-74)
    - Elderly (75+)
  - Are you currently prescribed medications and/or receiving treatment for this condition?  
Yes/No
- Other mental health or substance use condition: [FREE TEXT]
  - Are you still seeing a doctor or health care provider for this condition? Yes/No
  - About how old were you when you were first told you had this condition?
    - Child (0-11)
    - Adolescent (12-17)
    - Adult (18-64)
    - Older adult (65-74)
    - Elderly (75+)

- Are you currently prescribed medications and/or receiving treatment for this condition?  
Yes/No
- **Other:** Has a doctor or health care provider ever told you that you have...? (select all that apply)
  - Acne
  - Allergies
  - Endometriosis
  - Enlarged prostate
  - Fibroids
  - Obesity
  - PCOS (polycystic ovarian syndrome)
  - Reactions to anesthesia (such as hyperthermia)
  - Skin condition (e.g. Eczema, Psoriasis)
  - Vitamin B deficiency
  - Vitamin D deficiency
  - Please enter any other diagnosis: [free text]

**Branching logic:** If any of the above conditions are selected, display the following associated questions-

- Acne
  - Are you still seeing a doctor or health care provider for this condition? Yes/No
  - About how old were you when you were first told you had this condition?
    - Child (0-11)
    - Adolescent (12-17)
    - Adult (18-64)
    - Older adult (65-74)
    - Elderly (75+)
  - Are you currently prescribed medications and/or receiving treatment for this condition?  
Yes/No
- Allergies
  - Are you still seeing a doctor or health care provider for this condition? Yes/No
  - About how old were you when you were first told you had this condition?
    - Child (0-11)
    - Adolescent (12-17)
    - Adult (18-64)
    - Older adult (65-74)
    - Elderly (75+)
  - Are you currently prescribed medications and/or receiving treatment for this condition?  
Yes/No
- Endometriosis
  - Are you still seeing a doctor or health care provider for this condition? Yes/No
  - About how old were you when you were first told you had this condition?
    - Child (0-11)
    - Adolescent (12-17)
    - Adult (18-64)

- Older adult (65-74)
    - Elderly (75+)
  - Are you currently prescribed medications and/or receiving treatment for this condition?  
Yes/No
- Enlarged prostate
  - Are you still seeing a doctor or health care provider for this condition? Yes/No
  - About how old were you when you were first told you had this condition?
    - Child (0-11)
    - Adolescent (12-17)
    - Adult (18-64)
    - Older adult (65-74)
    - Elderly (75+)
  - Are you currently prescribed medications and/or receiving treatment for this condition?  
Yes/No
- Fibroids
  - Are you still seeing a doctor or health care provider for this condition? Yes/No
  - About how old were you when you were first told you had this condition?
    - Child (0-11)
    - Adolescent (12-17)
    - Adult (18-64)
    - Older adult (65-74)
    - Elderly (75+)
  - Are you currently prescribed medications and/or receiving treatment for this condition?  
Yes/No
- Obesity
  - Are you still seeing a doctor or health care provider for this condition? Yes/No
  - About how old were you when you were first told you had this condition?
    - Child (0-11)
    - Adolescent (12-17)
    - Adult (18-64)
    - Older adult (65-74)
    - Elderly (75+)
  - Are you currently prescribed medications and/or receiving treatment for this condition?  
Yes/No
- PCOS (polycystic ovarian syndrome)
  - Are you still seeing a doctor or health care provider for this condition? Yes/No
  - About how old were you when you were first told you had this condition?
    - Child (0-11)
    - Adolescent (12-17)
    - Adult (18-64)
    - Older adult (65-74)
    - Elderly (75+)

- Are you currently prescribed medications and/or receiving treatment for this condition?  
Yes/No
- Skin condition (e.g., Eczema, Psoriasis)
  - Are you still seeing a doctor or health care provider for this condition? Yes/No
  - About how old were you when you were first told you had this condition?
    - Child (0-11)
    - Adolescent (12-17)
    - Adult (18-64)
    - Older adult (65-74)
    - Elderly (75+)
  - Are you currently prescribed medications and/or receiving treatment for this condition?  
Yes/No
- Vitamin B deficiency
  - Are you still seeing a doctor or health care provider for this condition? Yes/No
  - About how old were you when you were first told you had this condition?
    - Child (0-11)
    - Adolescent (12-17)
    - Adult (18-64)
    - Older adult (65-74)
    - Elderly (75+)
  - Are you currently prescribed medications and/or receiving treatment for this condition?  
Yes/No
- Vitamin D deficiency
  - Are you still seeing a doctor or health care provider for this condition? Yes/No
  - About how old were you when you were first told you had this condition?
    - Child (0-11)
    - Adolescent (12-17)
    - Adult (18-64)
    - Older adult (65-74)
    - Elderly (75+)
  - Are you currently prescribed medications and/or receiving treatment for this condition?  
Yes/No
- Other condition: [FREE TEXT]
  - Are you still seeing a doctor or health care provider for this condition? Yes/No
  - About how old were you when you were first told you had this condition?
    - Child (0-11)
    - Adolescent (12-17)
    - Adult (18-64)
    - Older adult (65-74)
    - Elderly (75+)
  - Are you currently prescribed medications and/or receiving treatment for this condition?  
Yes/No